

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

ADDRESS (number and street) ▼

PO BOX 295

☐ Check if different than previously reported. (ACC)

CHRISTIANSTED

VI

00821

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00553560

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☒ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer SCOTT B MACKENZIE

Signature of Treasurer

SCOTT B MACKENZIE

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y 04 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y</span> 2014		12637.04
(b) Cash on Hand at Beginning of Reporting Period.....	20260.65	
(c) Total Receipts (from Line 19) .....	112198.87	268001.29
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	132459.52	280638.33
7. Total Disbursements (from Line 31) .....	86906.07	235084.88
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	45553.45	45553.45
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	88300.27	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 04 / 01 / 2014

To:

 M M / D D / Y Y Y Y Y  
 04 / 30 / 2014
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

27200.00

61825.00

(ii) Unitemized .....

84998.87

206176.29

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

112198.87

268001.29

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

112198.87

268001.29

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

112198.87

268001.29

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

112198.87

268001.29

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	80062.49	213314.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	80062.49	213314.30
22. Transfers to Affiliated/Other Party Committees.....	3843.58	11770.58
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	9000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	1000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	86906.07	235084.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	86906.07	235084.88

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	112198.87	268001.29
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	112198.87	268001.29
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	80062.49	213314.30
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	80062.49	213314.30

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 36

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR GEORGE C AVENT 295**

Mailing Address PO BOX 210

City  
KINGSTREE

State Zip Code  
SC 29556

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 29 / 2014

Transaction ID : SA11AI.15445

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MR RICHARD G BENNETT 922**

Mailing Address 70874 FAIRWAY DR

City  
RANCHO MIRAGE

State Zip Code  
CA 92270

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BENNETT FOREST INDUSTRIES

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 29 / 2014

Transaction ID : SA11AI.15586

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**C. DR GLORIA C BILES 770**

Mailing Address 2110 AMBERLY CT

City  
HOUSTON

State Zip Code  
TX 77063

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

DOCTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 10 / 2014

Transaction ID : SA11AI.15641

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

375.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR ARTHUR BIRNEY 200**

Mailing Address 888 17TH ST NW

 City  
 WASHINGTON

 State Zip Code  
 DC 20006

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M / D D / Y Y Y Y Y  
 04 / 09 / 2014

Transaction ID : SA11AI.15648

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. MR GIUSEPPE CECCHI 221**

Mailing Address 1209 ALDEBARAN DR

 City  
 MC LEAN

 State Zip Code  
 VA 22101

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

THE IDI GROUP

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

 M M / D D / Y Y Y Y Y  
 04 / 18 / 2014

Transaction ID : SA11AI.16009

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. MRS FRANCES B DAVIS 713**

Mailing Address 4700 WILTON PL

 City  
 ALEXANDRIA

 State Zip Code  
 LA 71303

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M / D D / Y Y Y Y Y  
 04 / 17 / 2014

Transaction ID : SA11AI.16294

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1000.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MS JOAN W DUPONT 068**

Mailing Address 303 HULLS FARM RD

City  
SOUTHPORT

State Zip Code  
CT 06890

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 11 / 2014

Transaction ID : SA11AI.16472

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. MRS SYLVIA DURYEE 981**

Mailing Address 1115 41ST AVE E

City  
SEATTLE

State Zip Code  
WA 98112

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 15 / 2014

Transaction ID : SA11AI.16478

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. MRS WILMA EDWARDS 920**

Mailing Address PO BOX 2948

City  
DEL MAR

State Zip Code  
CA 92014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 04 / 2014

Transaction ID : SA11AI.16501

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR ROBERT W GARTHWAIT 067 SR

Mailing Address PO BOX 1367

City State Zip Code  
 WATERBURY CT 06721

FEC ID number of contributing federal political committee.

C

Name of Employer

CLY DEL MFG CO

Occupation

CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 / 28 / 2014

Transaction ID : SA11AI.16743

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. MR ALONZO E GATES 782 II

Mailing Address 9022 CALLAGHAN RD

City State Zip Code  
 SAN ANTONIO TX 78209

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

CATTLE RANCHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 / 25 / 2014

Transaction ID : SA11AI.16751

Amount of Each Receipt this Period

10000.00

Full Name (Last, First, Middle Initial)

C. MR JOHN F GAYLORD 282 JR

Mailing Address 4600 LEBANON RD

City State Zip Code  
 CHARLOTTE NC 28227

FEC ID number of contributing federal political committee.

C

Name of Employer

MEDICAL SPECIALTIES INC

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 / 28 / 2014

Transaction ID : SA11AI.16757

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

11500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MISS JOANN L GREB 548**

Mailing Address 8861 W WILSON BAY DR

City

HAYWARD

State

WI

Zip Code

54843

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 07 / 2014

**Transaction ID : SA11Al.16870**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. MR RICHARD S GRIFFITH 705**

Mailing Address PO BOX 91610

City

LAFAYETTE

State

LA

Zip Code

70509

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

INVESTOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 17 / 2014

**Transaction ID : SA11Al.16892**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. MR PAUL R HAMILTON 786**

Mailing Address 413 W CREEK ST

City

FREDERICKSBURG

State

TX

Zip Code

78624

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 14 / 2014

**Transaction ID : SA11Al.16972**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR KERN HAMILTON 950**

Mailing Address 800 BLOSSOM HILL RD UNIT E324

City State Zip Code  
LOS GATOS CA 95032

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

04 / 15 / 2014

Transaction ID : SA11AI.16973

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. MS ELLA M HELM 300**

Mailing Address 3385 HALLMARK DR SE

City State Zip Code  
MARIETTA GA 30067

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 22 / 2014

Transaction ID : SA11AI.17096

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MS ELLA M HELM 300**

Mailing Address 3385 HALLMARK DR SE

City State Zip Code  
MARIETTA GA 30067

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

04 / 28 / 2014

Transaction ID : SA11AI.17097

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

425.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR JAMES HICKS 917**

Mailing Address 3013 PIETRO DR

City State Zip Code  
 HACIENDA HEIGHTS CA 91745

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 04 / 22 / 2014

Transaction ID : SA11AI.17151

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. DON HODGES 752**

Mailing Address 7116 CHIPPERTON DR

City State Zip Code  
 DALLAS TX 75225

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HODGES CAPITAL FUND

Occupation

FUND MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 04 / 14 / 2014

Transaction ID : SA11AI.17178

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. JOHN C HUGHES 864**

Mailing Address 4217 COLT DR

City State Zip Code  
 LAKE HAVASU CITY AZ 86404

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HUGHES SUPPLY CO

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 04 / 07 / 2014

Transaction ID : SA11AI.17261

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

800.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. JOYCE KNOPP 824**

Mailing Address 38 RD 3CXS

City State Zip Code  
 CODY WY 82414

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 14 / 2014

Transaction ID : SA11AI.17584

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. MRS MARY M KOESSLER 140**

Mailing Address 6122 OLD LAKE SHORE RD

City State Zip Code  
 LAKE VIEW NY 14085

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 07 / 2014

Transaction ID : SA11AI.17603

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. GERDA A KOONTZ 926**

Mailing Address PO BOX 9529

City State Zip Code  
 NEWPORT BEACH CA 92658

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

HOUSEWIFE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

04 / 22 / 2014

Transaction ID : SA11AI.17623

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5550.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. KENNETH E LANG 786**

Mailing Address 163 CHALLENGER

City State Zip Code  
 KYLE TX 78640

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 01 / 2014

**Transaction ID : SA11AI.17698**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. MS MARIE J LETT 760**

Mailing Address 3940 LETT LN

City State Zip Code  
 BURLESON TX 76028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LETT ARABIAN RANCH

Occupation

RANCHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 25 / 2014

**Transaction ID : SA11AI.17811**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MS PHYLLIS O LEWELLYN 300**

Mailing Address 1125 TIMBERLAND DR SE

City State Zip Code  
 MARIETTA GA 30067

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 29 / 2014

**Transaction ID : SA11AI.17823**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 36  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR HOWARD H LEWIS 193**

Mailing Address 120 S DEVON AVE

City State Zip Code  
DEVON PA 19333

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 04 / 2014

Transaction ID : SA11AI.17825

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. MR CHARLES MATTHEWS 600**

Mailing Address 321 GRAND AVE

City State Zip Code  
WAUKEGAN IL 60085

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MATTHEWS EMPLOYMENT INC

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 28 / 2014

Transaction ID : SA11AI.18025

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. MRS OLIVIA MCFADDEN 852**

Mailing Address 11011 N ZEPHYR DR UNIT 111

City State Zip Code  
FOUNTAIN HILLS AZ 85268

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 15 / 2014

Transaction ID : SA11AI.18088

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MRS OLIVIA MCFADDEN 852**

Mailing Address 11011 N ZEPHYR DR UNIT 111

City State Zip Code  
 FOUNTAIN HILLS AZ 85268

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 21 / 2014

Transaction ID : SA11AI.18087

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MRS MARY L MELTZER 139**

Mailing Address 14 EDGECOMB RD

City State Zip Code  
 BINGHAMTON NY 13905

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 07 / 2014

Transaction ID : SA11AI.18163

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. MS MARILYN MITSCH 551**

Mailing Address 4 CHARLEY LAKE CT

City State Zip Code  
 SAINT PAUL MN 55127

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ELECTRICAL ENGINEER

Occupation

ELECTRICAL ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 15 / 2014

Transaction ID : SA11AI.18277

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

500.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR AL MOORE 631**

Mailing Address 9910 PAGE AVE

City  
SAINT LOUIS

State Zip Code  
MO 63132

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MFD

Occupation

FOOD DISTRIBUTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 18 / 2014

Transaction ID : SA11Al.18305

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. MR ALAN A NAUMAN 666**

Mailing Address 3114 SW OXFORD RD

City  
TOPEKA

State Zip Code  
KS 66614

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 14 / 2014

Transaction ID : SA11Al.18417

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. JOHN NIKKEL 741**

Mailing Address 6625 S JAMESTOWN PL

City  
TULSA

State Zip Code  
OK 74136

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 04 / 2014

Transaction ID : SA11Al.18484

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1550.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR GERALD H NOSTRAND 809**

Mailing Address 1437 WYNKOOP DR

City State Zip Code  
 COLORADO SPRINGS CO 80909

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 24 / 2014

Transaction ID : SA11AI.18512

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. MISS EDITH P PALMER 109**

Mailing Address 282 LAROE RD

City State Zip Code  
 CHESTER NY 10918

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 10 / 2014

Transaction ID : SA11AI.18614

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. MR H CARL RECKNAGEL 531**

Mailing Address 375 STATE ROAD 67 APT 258

City State Zip Code  
 DOUSMAN WI 53118

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 29 / 2014

Transaction ID : SA11AI.18873

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

## **A. MISS MONTE RICHARDSON 288**

Mailing Address 29 HIGHBRIDGE XING APT 3301

City State Zip Code  
 ASHEVILLE NC 28803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 / 03 / 2014

Transaction ID : SA11AI.18929

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. MRS ESTHERMAE L ROOKE 780**

Mailing Address 75 LAGUNA VISTA PT

City State Zip Code  
 KERRVILLE TX 78028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 / 07 / 2014

Transaction ID : SA11AI.19046

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. MR NICHOLAS J ST GEORGE 327**

Mailing Address 971 GEORGIA AVE

City State Zip Code  
 WINTER PARK FL 32789

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 / 22 / 2014

Transaction ID : SA11AI.19493

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR VICTOR E VANDAMME 891**

Mailing Address 5113 PATRICIA AVE

City

LAS VEGAS

State

NV

Zip Code

89130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 29 / 2014

Transaction ID : SA11AI.19788

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00

27200.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. BASE CONNECT INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		10		2014

Mailing Address 1155 - 15TH STREET  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL - CREATIVE FEES

003

**Transaction ID : SB21B.20162**

Amount of Each Disbursement this Period

6996.71
---------

Candidate Name

**VIGOP**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B. BASE CONNECT INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		24		2014

Mailing Address 1155 - 15TH STREET  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL - CREATIVE FEES

003

**Transaction ID : SB21B.20163**

Amount of Each Disbursement this Period

701.98
--------

Candidate Name

**VIGOP**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C. CAPITOL CAGING LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		03		2014

Mailing Address 504 SHAW RD  
SUITE 504

City STERLING State VA Zip Code 20166

Purpose of Disbursement  
PO BOX FEE

001

**Transaction ID : SB21B.20159**

Amount of Each Disbursement this Period

748.00
--------

Candidate Name

**VIGOP**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8446.69



<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)  
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

### A. CAPITOL CAGING LLC

001

764.40

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/  
Type

## B. CENTURY DATA MAILING SERVICES

MM / DD / YYYY

003

12313.20

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Category/  
Type

### C. CENTURY DATA MAILING SERVICES

003

5392.95

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/  
Type

18470.55

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)  
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)





<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

## A. CONSOLIDATED MAILING SERVICES

003

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

6229.75

## B. CONSOLIDATED MAILING SERVICES

04 / 10 / 2014

003

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

5692.46

### C. CONSOLIDATED MAILING SERVICES

003

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

5000.00

16922.21

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)  
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)



<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

#### A. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

04 / 07 / 2014

Transaction ID : SB21B.20188

001

Category/  
Type

☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

Amount of Each Disbursement this Period

77.00

**B. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.20157

001

Category/  
Type

☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

Amount of Each Disbursement this Period

310.05

**C. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

Transaction ID : SB21B.20189

001

Category/  
Type

☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

Amount of Each Disbursement this Period

510.31

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

897.36



<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Category/  
Type

784.44

Category/  
Type

542.54

category/  
TypeCategory/  
Type

Amount of Each Disbursement this Period

1326.98

80062.49

	21b	<b>X</b>	22		23		24		25		26
	27		28a		28b		28c		29		30b

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Category/  
Type

☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

M M / D D / Y Y Y Y  
04 24 2014

008

Category/  
Type

☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

008

Category/  
Type

☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

3843.58

3843.58



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF MIA LOVE**

Mailing Address PO BOX 255

City  
RIVERTONState  
UTZip Code  
84065Purpose of Disbursement  
POLITICAL CONTRIBUTION

011

Candidate Name

**MIA LOVE**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: UT

District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

**Transaction ID : SB23.20196**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. MOONEY FOR CONGRESS**

Mailing Address PO BOX 1863

City  
MARTINSBURGState  
WVZip Code  
25402Purpose of Disbursement  
POLITICAL CONTRIBUTION

011

Candidate Name

**ALEXANDER XAVIER MOONEY**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: WV

District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

**Transaction ID : SB23.20154**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. NIGER INNIS FOR CONGRESS**

Mailing Address 7495 WEST AZURE DR

City  
LAS VEGASState  
NVZip Code  
89130Purpose of Disbursement  
POLITICAL CONTRIBUTION

011

Candidate Name

**NIGER INNIS FOR CONGRESS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NV

District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

**Transaction ID : SB23.20197**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
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3000.00
---------

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 34 OF 36

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**BASE CONNECT INC**Nature of Debt (Purpose):  
DIRECT MAIL - CREATIVEMailing Address 1155 - 15TH STREET  
SUITE 410City State Zip Code  
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

40691.74

Transaction ID : SD10.7789

Amount Incurred This Period

0.00

Payment This Period

7698.69

Outstanding Balance at Close of This Period

32993.05

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**CENTURY DATA SYSTEMS CORP**Nature of Debt (Purpose):  
DATA PROCESSINGMailing Address 1155 - 15TH STREET  
SUITE 410City State Zip Code  
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

9591.90

Transaction ID : SD10.7791

Amount Incurred This Period

0.00

Payment This Period

875.04

Outstanding Balance at Close of This Period

8716.86

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**CONSOLIDATED MAILING SERVICES**Nature of Debt (Purpose):  
DIRECT MAIL - PRINTING & MAILSHOPMailing Address 504 SHAW RD  
SUITE 504City State Zip Code  
STERLING VA 20166

Outstanding Balance Beginning This Period

54055.18

Transaction ID : SD10.7792

Amount Incurred This Period

0.00

Payment This Period

21958.06

Outstanding Balance at Close of This Period

32097.12

1) **SUBTOTALS** This Period This Page (optional)..... ►

73807.03

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

0.00

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 35 OF 36

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**DONOR BUREAU**

Nature of Debt (Purpose):

LIST ENHANCEMENT SERVICES

Mailing Address 1900 N CULPEPPER ST

City State

ARLINGTON

Zip Code

VA 22207

Outstanding Balance Beginning This Period

2367.41

Transaction ID : SD10.7798

Amount Incurred This Period

0.00

Payment This Period

620.87

Outstanding Balance at Close of This Period

1746.54

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**LEGACY LIST MANAGEMENT CORP**

Nature of Debt (Purpose):

DIRECT MAIL - LIST RENTALS

Mailing Address 1155 - 15TH STREET

SUITE 410

City State

WASHINGTON

Zip Code

DC 20005

Outstanding Balance Beginning This Period

16194.85

Transaction ID : SD10.15277

Amount Incurred This Period

0.00

Payment This Period

3903.35

Outstanding Balance at Close of This Period

12291.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**MACKENZIE & COMPANY**

Nature of Debt (Purpose):

CONSULTING - COMPLIANCE

Mailing Address 2776 S ARLINGTON MILL DR

#806

City

ARLINGTON

State

VA

Zip Code

22206

Outstanding Balance Beginning This Period

455.20

Transaction ID : SD10.7794

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

455.20

1) **SUBTOTALS** This Period This Page (optional)..... ►

14493.24

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

0.00

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 36 OF 36

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**SIMPKINS ESCROW SERVICES LLC**Nature of Debt (Purpose):  
ESCROW SERVICES

Mailing Address 29\*243 ST JUST DR

City State

Zip Code

UNIONVILLE

VA

22567

Outstanding Balance Beginning This Period

542.54

Transaction ID : SD10.15282

Amount Incurred This Period

0.00

Payment This Period

542.54

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►

88300.27

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

88300.27